



City of Imperial

Incorporated 1904

BUSINESS LICENSE APPLICATIONS

1. If you are applying for a Business License, please complete the attached Business License application.
2. All businesses must show proof of Workman's Compensation Insurance. Please attach a copy of your latest policy to this form. If you do not have any employees, please complete the Certificate of Exemption Form, also attached.
3. Businesses may also be obligated to submit proof of liability insurance.
4. Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at (800) 400-7115. You may also contact the local office of the Board of Equalization at (760) 352-3431.
5. All business must obtain fire inspection clearance from the Imperial County Fire Department. Applications will be accepted by the City of Imperial without fire clearance. The Imperial County Fire Department can be reached at (760) 355-1191, between 8:00 a.m. to 5:00 p.m. Monday through Friday.
6. Please note all businesses operating out of a residence are subject to a one-time home occupancy fee of \$50.00, payable upon initial receipt of a business license.
7. Required. It shall be unlawful for any person to commence, conduct or carry on, within the City of Imperial, any business, occupation, show, exhibition or game, without first procuring a license to do so.



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CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

I certify that in the performance of work for which this license is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

NOTE: If after signing the certificate, you hire any employee; you become subject to the Worker's Compensation provisions of the California Labor Code, and you must IMMEDIATELY comply with the provisions of Section 3700 or your license IMMEDIATELY becomes revoked.

Applicant

Date



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Business Application

Business Name:	Location:
Mailing Address:	Business Phone No:
	Fax No:
Contractor's License No:	Home Phone No:
Type of Business:	State Board Resale No:

Explanation of what your business will involve: _____

☐ Single Ownership

☐ Partnership

☐ Corporation

Worker's Compensation Carrier (attach a copy of your policy): _____

Owner's Name _____ Date of Birth _____ Social Security No. _____ Drivers License No. _____

Owner's Home Address: _____
Street _____ City _____ State _____ Zip _____

Partner's Name _____ Date of Birth _____ Social Security No. _____ Drivers License No. _____

Partner's Name _____ Date of Birth _____ Social Security No. _____ Drivers License No. _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date _____ Applicant's Signature _____

Health Department Approval (If Applicable): _____

Approve ☐

Deny ☐

Remarks _____



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Date_____	Fire Department _____
Approve <input type="checkbox"/>	Deny <input type="checkbox"/> Remarks_____
Date_____	Police Chief _____
Approve <input type="checkbox"/>	Deny <input type="checkbox"/> Remarks_____
Date_____	Fire Chief _____
Approve <input type="checkbox"/>	Deny <input type="checkbox"/> Remarks_____
Date_____	Community Development Director _____
Approve <input type="checkbox"/>	Deny <input type="checkbox"/> Remarks_____
Date_____	City Clerk _____
Approve <input type="checkbox"/>	Deny <input type="checkbox"/> Remarks_____
Date_____	City Manager _____
Approve <input type="checkbox"/>	Deny <input type="checkbox"/> Remarks_____

Category_____ Fee \$(Per Year)_____ License No._____